PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

mitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks 1 through 5 should be completed where

| AN Godb | correspondence including ad below or directed oth | ig the Patent, advance or erwise in Block 1, by (a | ders and notification of i) specifying a new corres | naintenance fees will be in spondence address; and/or | (0) murcaung a sepa | correspondence address as rate "FEE ADDRESS" for | |
|---|---|---|--|---|--|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 25299 IBM CORPOR PO BOX 12195 DEPT YXSA, B | BLDG 002 | DEC | 1 4 2006 W Star | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| RESEARCH TE | RIANGLE PARK, N | IC 27709 (RATE) | 15th 0 | | | (Depositor's name) | |
| | | • 7 | RADEMA | | _ | (Signature) | |
| | | | L | | | (Date) | |
| APPLICATION NO. | FILING DATE | | PIRST NAMED INVENTOR | ATTOR | NEY DOCKET NO. | CONFIRMATION NO. | |
| 09/089,098 TITLE OF INVENTIO CONTAINING TEXT I | | | RANDAL LEE BERTRAI G THE HORIZONTAL | M SPACE REQUIRED FOR | RA998-003 DISPLAYING A C | 2479 COLUMN | |
| APPLN. TYPE | SMALL ENTITY | ISSUR FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 12/20/2006 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 12/15/2006 MA | HMED2 60000018 | 091990 09089098 | |
| HUYNH, CONG LAC T | | 2178 | 707-526000 | 01 FC:1501 1480.00 DA 92 FC:1504 300.00 DA | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to or agents OR, alternat (2) the name of a sing registered attorney or | of a single firm (having as a member a corney or agent) and the names of up to patent attorneys or agents. If no name is | | | |
| PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI | dess an assignee is iden th in 37 CFR 3.11. Com IGNEE | A TO BE PRINTED ON tified below, no assignee pletion of this form is NO | data will appear on the part of the part o | patent. If an assignce is id assignment. Y and STATE OR COUNT. ARMO | UK, New | ocument has been filed for | |
| Please check the approp | riate assignee category o | r categories (will not be p | rinted on the patent): | Individual Corporation | on or other private gro | oup entity Government | |
| 4a. The following fee(s) Issue Fee Publication Fee (| No small entity discount | | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Dayment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 69-1990 (enclose an extra copy of this form). | | | | |
| a. Applicant claim | atus (from status indicate ns SMALL ENTITY stat | us. See 37 CFR 1.27. | ☐ b. Applicant is no lo | nger claiming SMALL ENT | `ITY status. S∞ 37 C | FR 1.27(g)(2). | |
| NOTE: The Issue Fee as interest as shown by the | nd Publication Fee (if rec records of the United St | puired) will not be accepte ates Patent and Trademark | od from anyone other than k Office. | the applicant, a registered a | ttomey or agent; or the | ne assignee or other party in | |
| Authorized Signature | gozcely | n. G. 604 | l bom | Date 10/13 | 12006 | | |
| Typed or printed nam | To scely | 16. Cockbur | <u> </u> | Registration No. 27 | | | |
| This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, Alexandria, Virginia 22 | tions for reducing this by Virginia 22313-1450. D | CFR 1311. The informati 5 U.S.C. 122 and 37 CFR e USPTO. Time will var- urden, should be sent to the O NOT SEND FEES OR | on is required to obtain or 1.14. This collection is e- y depending upon the indi- te Chief Information Offic COMPLETED FORMS 1 | retain a benefit by the publi stimated to take 12 minutes widual case. Any comment or, U.S. Patent and Traden O THIS ADDRESS. SENI | ic which is to file (and to complete, including so on the amount of the lark Office, U.S. Dep.) TO: Commissioner | d by the USPTO to process) ag gathering, preparing, and the you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450. | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.